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CHAPTER

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Vulnerability within the Body of Christ Anointing of the Sick and Theological Anthropology

M. Therese Lysaught

The philosophical anthropology that dominates medicine and bioethics too often reduces human identity to rationality and autonomy individualistically construed. Yet for such an anthropology, the realities of illness—a *sine qua non* of medicine and bioethics—stand as anomalies. Illness quickly marshals empirical evidence against its truth claims.

Rather than standing as a confounding glitch, illness and healing have been central to the Christian tradition since its beginning. What one finds in early Christian sources is easy to miss or dismiss, given our habit of reading such narratives and practices with lenses shaped by modern philosophy. But if we listen carefully to these sources, we will, I submit, discover a more accurate and adequate account of who we are and what it means for us to flourish. This chapter stands as a first step in developing a more truthful anthropology for bioethics, namely, a *theological* anthropology.

Healing and the Kingdom of God

A theological anthropology for bioethics cannot but begin with the Gospels. To state the obvious, in the Gospels, Jesus heals the sick.¹ Until the Passion, healing is one of his signature actions, along with preaching, teaching, and the occasional multiplication of loaves. But the less obvious question is this: Why do the gospel writers focus so much attention on Jesus' healing activities? Why, in sending out his disciples, did Jesus command them to heal the sick? Why does healing loom so large in Jesus' project?

Three passages from Luke help to clarify and complicate this question. Part of the larger narrative of Jesus' life and of God's way of dwelling with the world that begins with the opening chapter of Genesis and extends through the end of Revelation, they are but three of dozens of examples that could be mustered to demonstrate the centrality of healing to that narrative. God, the tradition attests, wills life, wellness, wholeness, and embodied flourishing. Healing is central to the God disclosed in scripture. God's healing, however, is not a generic, disembodied concept. "Healing" cannot simply be affirmed, lifted out of scripture, and filled with just any content. The scriptural narrative gives God's relationship to healing a very particular, very complex shape.

Consider Luke 7, where Jesus responds to John the Baptist's query whether Jesus is "he who is to come, or shall we look for another?" Is Jesus, in other words, the Messiah who will inaugurate the kingdom of God? Jesus replies, "Go and tell John what you have seen and heard: the blind receive their sight, the lame walk, lepers are cleansed, and the deaf hear, the dead are raised up, the poor have good news preached to them. And blessed is he who takes no offense at me" (Luke 7:22-23).² Here we hear the familiar tropes—the poor and the sick, healing and raising up, preaching the good news and (obliquely) the kingdom of God. But it ends on a jarring note: clearly, some have taken offense.

Three chapters later, Jesus sends forth seventy-two disciples, two by two, who are to precede him in the places he intends to visit. In doing so, he says to them "Be on your way, and remember: I am sending you as lambs in the midst of wolves. Do not carry a walking staff or a traveling bag; wear no sandals and greet no one along the way. On entering any house, first say 'Peace to this house.' . . . Into whatever city you go, after they welcome you, eat what they set before you, and cure the sick there. Say to them, 'The reign of God is at hand'" (Luke 10:1-9). Again the healing of the sick is connected to the *evangel*, the good news of the in-breaking of the kingdom

of God. But again, conflict lurks: he sends them as lambs in the midst of wolves. Their first word, the word to frame their practice of healing and preaching of the kingdom, is *peace*.

These interconnections burst forth boldly in chapter 11, the heart of Luke's narrative:

Jesus was driving out a demon that was mute, and when the demon had gone out, the mute man spoke and the crowds were amazed. Some of them said, "By the power of Beelzebul, the prince of demons, he drives out demons." Others, to test him, asked him for a sign from heaven. But he knew their thoughts and said to them, "Every kingdom divided against itself will be laid waste and house will fall against house. And if Satan is divided against himself, how will his kingdom stand? For you say that it is by Beelzebul that I drive out demons. If I, then, drive out demons by Beelzebul, by whom do your own people drive them out? Therefore they will be your judges. But if it is by the finger of God that I drive out demons, then the Kingdom of God has come upon you. When a strong man fully armed guards his palace, his possessions are safe. But when one stronger than he attacks and overcomes him, he takes away the armor on which he relied and distributes the spoils. Whoever is not with me is against me, and whoever does not gather with me scatters." (Luke 11:14-23)

What has been hinted at up to this point now becomes clear—that within the Gospels, practices of healing are overlaid with political valence.³ In John's gospel, Jesus' acts of healing are one of the reasons the religious authorities seek to kill him. Yet here, in Luke's gospel, because of his healing actions, the authorities accuse Jesus of consorting with the enemy! Jesus, in response, claims that his healing practices presuppose, presage, reveal, and are coincident with a particular social order—nothing less than the kingdom of God. One author goes so far as to note that "the two ideas [healing and the kingdom] are so constantly coupled, by Jesus or the gospel writers, that one might almost call [the mission of healing] their definition of the Kingdom of God."⁴

Healing, in short, is deeply intertwined with the presence, proclamation, and politics of the kingdom of God. And readers are called to make a choice. With which kingdom are they going to side? "Whoever is not with me is against me, and whoever does not gather with me scatters." In making

that choice, in siding with God's kingdom, those who are "with" Jesus find practices of healing to be central to the ways of discipleship. Healing is a central part of the commission Jesus gives to those he sends out into the world to preach the good news of the kingdom and to embody it wherever they go. But this is not simply healing qua healing.⁵ Healing, which is of the kingdom, prepares the way for Jesus' coming and is always linked to the proclamation and embodiment of the kingdom; it is inextricably linked to peace (yet another political concept). The Gospels, then, portray healing as politically charged, inextricably connected to the kingdom of God.

Illness, Vulnerability and Politics: A Brief Phenomenology

But if healing is thus connected, what about illness? Acts of healing presume a substrate of sick human bodies. It is upon the bodies of the sick that this political drama—the drama of the stronger man attacking and overcoming the one who is well-armed—is being played out. As their bodies are healed, others feel threatened and take offense. Bodies, in other words, are the site at which power is being contested. Is being ill in and of itself somehow "political"? How might healing and the polis, bodies and the social order, be connected?

To address this question, briefly consider the notion of "vulnerability."⁶ To be vulnerable, in the strict sense of the word, is to be susceptible to being wounded, to be open to attack or damage (from the Latin, f. *vulner*-, *vulnus* wound). In some ways, *vulnerable* is an odd word to apply to the sick—clearly, their "defenses" have already been breached;⁷ they have already been wounded. Yet illness not only makes clear that vulnerability is an ineradicable dimension of human existence but also makes clear that to sustain one wound is to become open to further wounding—in fact, to become open to an almost snowball effect of injury on almost every other level.

Wounds are given. They come from outside of us. To be wounded requires an agent or an agency. In illness, although the initial "wound" comes quite often from an impersonal source (e.g., a pathogen), subsequent "wounds" often come at the hands of others. With the advent of illness, we become subject to the power of others in a radical way. Likewise, the ameliorating of woundedness or protection therefrom also necessarily comes at the hands of others. The sick find themselves suspended in a complex web of social interactions, a web of practices configuring and configured by a social order.

This briefest reflection on vulnerability, then, almost immediately suggests connections to a "politics." Such a connection is confirmed when one turns to accounts offered by those who have experienced illness or cared for sick and suffering persons. These narratives quickly display how the "wound" of illness spirals the sick through successive levels of vulnerability, leading to further experiences of loss or woundedness exacerbated by the mostly covert exercise of power. The first draft of this chapter drew on illness narratives to provide thick descriptions of four successive "wounds" of illness: marginalization and isolation, hyper-identification with yet simultaneous alienation from the body, usurpation of "voice," and discounted rationality. However, Kay Toombs's chapter earlier in this volume wonderfully displays these dynamics.⁸ Thus I gladly defer to her phenomenology and will focus here on the interrelationships between bodies and politics.

Toombs's phenomenology incisively illustrates how isolating and marginalizing illness can be. The "wound" of illness renders vulnerable both our "place" and our "visibility." Not only does such marginalization result from biological factors; equally, the social isolation that attends illness can reflect social intolerance or fear of weakness and imperfection. Others' illnesses remind us of our own vulnerability, our own contingency. Those who understand themselves fundamentally as autonomous beings do not want to be so reminded of the contingency of their control.

Nor does society want to be reminded of this contingency. Culture, basing its self-esteem on the ability to keep nature at bay, fears the "chaotic" powers of nature that, though repressed, threaten to explode from their bonds; only nature in aesthetically pleasing and culturally ordered forms is given public space. Thus, as Toombs notes, physical and temporal structures of public social life reflect this resistance, effectively discouraging participation from those who become ill.

The "wound" of illness, then, renders us vulnerable to further wounding on the social level. At a time when our need for companionship is greatest because of increased dependence, we often find ourselves relocated out of the public purview, avoided by others, internalizing others' fear of our wounded bodies.

Toombs describes well how pain or illness often makes us conscious of our bodies in new ways, experiencing it as more present yet also profoundly alien. Toombs likewise notes how, in the face of this biologically mediated wounding of the relationship between body and self, the human agency embodied in medical care often exacerbates the injury. When the sick bring this tension and destabilizing reversal of body/self roles to medical

encounters, medical practitioners, rather than countering this alienation, often reify a dualistic reading of body-self interrelationship. Not only are most modern medical encounters structured so that there is little time for physicians to do other than attend to the presented physical ailment, medical practitioners are habituated to identify patients primarily or only with their bodies or diseases (the "dysfunction" of their body); medicine often reduces patients to specific diagnoses of disease.

Derivative of these levels of vulnerability, the sick can also find their "voice" threatened in expected and unexpected ways. Voice may literally be lost as a function of pain or infirmity, or legitimate "voice" may be denied or repressed because it does not fit with normative medical or moral language. Yet again, medicine, rather than counteracting this vulnerability of voice following from the initial "wound" of illness, often exacerbates it. As many have noted, vis-à-vis medicine, patients find themselves "strangers in a strange land."⁹ In order to participate in the healing process, patients must conform themselves to the customs of medicine and learn its languages, rather than vice versa; patients' lack of knowledge of the "language" of medicine can intimidate them, leaving them "speechless." Further, medicine not only effectively suppresses the voice of the sick, but at times often actively usurps it. All too often, patients' interpretations of the symptoms of their illness are taken away from them by medicine and translated into the language of the profession: "For the practitioner, the patient's complaints (symptoms of illness) must be translated into the *signs* of disease."¹⁰ Physicians often feel that they have to read between the lines, to distill meaning from confused and messy narratives of patients, to make "subjective" experiences of patients' illnesses into "objective" categorized diseases. Patients, along with their voices, are rendered inadequate, unhelpful, wrong, and silenced.

The final assault that the "wound" of illness can bring threatens what has come to be considered the very core of our human identity, the *sine qua non* that establishes us as "persons" and protects us under the penumbra of civilly guaranteed rights. Succinctly put, the sick are often perceived as being rationally "impaired" or "deficient" because of the emotive and physical dimensions of their condition.

As noted, medical practitioners have been taught to regard with *suspicion* patients' illness narratives. They sift out meaning from patients' accounts, listening selectively "so that some aspects are carefully listened for and heard (sometimes when they are not spoken), while other things that are said—and even repeated—are literally not heard."¹¹ At times,

patients' claims of illness or pain are doubted, if not explicitly denied, especially in the cases of chronically ill patients or in cases where the "explanatory framework" of medicine has not yet shifted to allow an illness into "reality."¹² Alternatively, patients who reject a diagnosis of disease, or who do not conform to acceptable modes of dealing with a diagnosis, may be labeled as "in denial"; physiological interpretations are given higher epistemic status than patient's lived experiential interpretations. Thus the ontological assault of illness is interpreted as disabling rationality. As H. Tristram Engelhardt notes, "Patients often regress under the stress of disease and come to be treated and want to be treated as children."¹³

In illness then, the initial "wound" of illness ripples out to unveil a network of interconnected vulnerabilities, compounding injury with injury: the sick become isolated and marginalized, become alienated from their very bodies, lose their "voice," and find their minds discounted. The cumulative impact of these injuries is simple: in illness, we can find our very selves dissolved. As Reynolds Price, rendered paraplegic in midlife, notes, "your main want . . . is simply *the person you used to be*. But you're not that person now. . . . [Your old self] is dead as any teen-aged Marine drilled through the forehead in an Asian jungle; any Navy Seal with his legs blown off, halved for the rest of the time he gets. . . . Reynolds Price is dead."¹⁴

Yet such dissolution cannot be reduced to biology, nor can it be construed as primarily an individual, existential event. For, as the foregoing phenomenology indicates, such dissolution of the self is politically mediated. Each successive wounding occurs through the agency of others or the very structures of our social order. To be sick is to be "politically incorrect" in a most profound way. To be sick is to literally embody—make clear in visibly heightened ways—a radically different account of reality. Sick bodies are "unruly" (to use language current in disabilities studies). They do not conform to normative social meanings. They challenge those readings of the world that our culture puts forward as "truths."¹⁵ Weakness, dependence, and imperfection are not part of the story our culture tells us about itself; these realities are deeply at odds with contemporary values of efficiency, productivity, physical beauty, and perfection. The reality of suffering and the inability of the sick to control their bodies are equally despised and feared. We who have been so deeply formed by the myth that we are autonomous beings do not want to be reminded of the radical contingency of our control over nature, over our lives, over our destinies. The radical lack of autonomy or the undeniable realities of dependence of the sick challenge a society grounded in the "truths" of autonomy and self-sufficiency.

Illness reminds us that we are in fact embodied, hardly the Cartesian selves, the disincarnate minds that we prefer to think we are. And few dynamics of illness could be more dangerous in our culture than loss of voice—so central to our sense of agency—or loss of rationality or autonomy, without which we effectively become nonpersons. In short, the sick (literally) embody the antithesis of our culture.

The sick, then, find themselves in the most radically vulnerable position. The vulnerability of their bodies opens a point of vulnerability for the social order. Through their “wound,” the social body likewise finds itself threatened with multiple and successive levels of wounding. The whole house of cards might collapse. Such challenges must be decisively met. Bodies that manifest such alternate truths or realities must be reinscribed with dominant social truths or relocated in such a way that their challenge is minimized or eliminated. To meet this “dis-inscription” of deeply embodied social truths requires equally deeply embodied practices.

Since Foucault, medicine has been understood as a major agent of this process. Through the array of practices it performs on bodies, medicine functions to reinscribe them with the meanings of the social order—to reinscribe, in other words, a particular anthropology.¹⁶ Medicine often succeeds in reconstructing sick bodies to fit with social norms. But not always. Individuals that medicine cannot make fit into the “truths” of the social order find themselves pushed to the margins of society or beyond. Those whose suffering can be controlled but not defeated—the disabled, the chronically ill—people the margins. Those whose suffering cannot be controlled, whose bodies cannot be reinscribed, are increasingly encouraged or assisted—through practices such as physician-assisted suicide—to exit beyond the boundaries, all under the rubric of dominant social values such as autonomy, self-sufficiency, and control. Unruly bodies thus disappear, and the social order is purged of the threat.

Anointing the Sick: An Alternative Politics

Healing practices, then, are political. They function in part to validate—embody, make real—particular social norms, thereby continuing to instantiate a particular polis, and they function to take hold of human bodies and locate them within the proper place in the social sphere. Alternative practices might therefore be perceived as profoundly socially destabilizing, politically threatening. They might give offense. They might provoke violence (or at least get people taken to court).

In the Gospels, as we have seen, Jesus' practice of healing is explicitly linked to an alternative polity, the kingdom of God. The early church recognized that the bodies of the sick presented a key locus for practicing and embodying the Christian life and for making the kingdom of God real in the world, both corporeally and corporately. Without the benefit of Foucault, they realized the power of illness to introduce vulnerability into the social order of the ecclesial community. Following Jesus' own healing practice, they intuited that the primary response to this very real threat must be an embodied practice, a practice that (literally) touches bodies in order to reinscribe them within particular truths and social norms. Thus the early church anointed the sick.

The practice of anointing provides an important theological starting point for meditating on anthropology and bioethics. Today the practice remains one of the few spaces where the religious/theological irrupts—visually, tactilely, practically—into the domain of modern medicine, even within secular hospitals. In this way, it provides an almost indispensable starting point for thinking theologically in the realm of medicine and bioethics. At the same time, despite deformations through the centuries, the practice of anointing the sick has endured as a key ecclesial practice. Elevated to the status of a sacrament within the Catholic tradition, the practice of anointing stands as the church's primary response to the event of illness and the unfolding vulnerabilities it presents. Moreover, insofar as practices are important epistemological loci—through them we come to *know* what we believe (in this case, what we believe theologically about the human person), and correlatively, it is only through our practices that we can enact what we profess to believe (i.e., our "ethic")—it is to practices that we ought to look for our anthropological claims.¹⁷

A complete account of the practice of anointing would attend to its historical development, its contemporary enactments, and so forth, which unfortunately is beyond the parameters of this chapter. For our purposes, I will explore one early account of anointing, the traditional warrant for the practice found in James 5:14–16: "Is anyone among you ill? Let that person call the elders of the assembly, and let them, after anointing him with oil in the name of the Lord, pray over the person. And the prayer of faith will save the sick person, and the Lord will raise him up. And if the person has committed sins, he will be forgiven. Therefore, confess sins to each other and pray for each other so that you may be healed."¹⁸ How might this passage lead us to key theological insights crucial for shaping an anthropology for medicine and bioethics? How might the way Christians care for the sick illuminate what we affirm to be central about human identity?

James's Rhetorical Structure

Recent New Testament scholarship has rehabilitated the Letter of James against centuries of rejection and marginalization. Long cast as one of the latest New Testament writings, more recent readings suggest that the letter is in fact one of the earliest. Recent scholarship has also dashed the long-traditional reading that the letter is simply a loose compilation of disconnected aphorisms and moral exhortations. Most critics now argue that James possesses not only internal coherence and argument but a compelling vision of the contours of the Christian life.

Luke Timothy Johnson locates the letter's central rhetorical pivot in verse 4:4 where James charges, "Do you not know that friendship with the world is enmity with God? Therefore, whoever chooses to be a friend of the world is established as an enemy of God." This fundamental polarity between "friendship with the world," which is enmity with God, and "friendship with God" is the central principle that organizes and shapes James's message from start to finish. Throughout the letter, such friendship and allegiance is presented not as an ontologically given—not, for example, a matter of ethnic identity (i.e., because one is Jewish)—but rather as a matter of individual and communal choice.

What would it have meant to be "friends of the world"? "Friendship" in the Greco-Roman context was an extraordinarily rich category, carrying much greater weight than the term carries today. "To have friends," Johnson notes, "meant above all to share: to have the same mind, the same outlook, the same view of reality."¹⁹ Those familiar with Aristotle, for example, will recall that in the *Nichomachean Ethics*, the friendship of equals is the highest form of love, much more crucial for the polis than friendship between unequals or even that least of friendship between the most unequals, romantic or marital love. Friendship was the glue that held the polis together.

To be "friends of the world," then, meant to participate in a particular view of reality, of the way things are, a sharing that was simultaneously cognitive and political. The "world," for James, does not connote nature or creation, or some neutral space of human activity, or what we might call "the public sphere." Johnson describes it, rather, as a logic, a system of valuing or measurement, that plays itself out in actions and practices. He characterizes this as the logic of "envy, rivalry, competition, and murder."²⁰ As he notes, for James, the measure of the world "is defined precisely in terms of the logic of envy. Human existence is a zero-sum game in a universe of

limited resources, a closed system. Being and worth are dependent on having; having more means being more, and having less means being less. By this logic, humans are essentially in competition with each other for being and worth, and the surest way to succeed is to eliminate the competition."²¹ To be "friends of the world," then, is to share this worldview, to see reality in these terms. It is to believe that the world is a closed system, a universe of limited resources, and it is to live as if this were true—to live in competition, in rivalry, in maximizing one's share of scarce resources, even if my accumulation means that others go without, even if it means, because of this, their death.

To be "friends of God," in contrast, means something altogether different. To be "friends of God" is to share God's mindset, God's view of reality, God's "wisdom" (in the language of the letter), and God's corresponding way of being and acting in the world. As is stated almost at the beginning of the letter (in James 1:5, and repeated in 1:17 and 4:6), the essential attribute of God is gift, is giving: "God," James proclaims, "continually gives. . . . God does not restrict giving only to those who make requests, but simply gives 'to all.'"²²

To be a friend of God, then, is to know and celebrate the fundamental character of reality, to proclaim this marvelous truth—that God exists, that God is true, and that, consequently, the fundamental context of existence is gift—open, abundant, for-the-other rather than against-the-other. As Johnson notes, "James[s]' real distinctiveness comes in the breathtaking assertion—grounded in the symbolic world of Torah shared by every form of Judaism including the nascent movement rooted in the 'faith of Jesus Christ'—that human existence is not located within a closed system of competition (even for virtue or excellence) but rather within an open system ordered to a God who gives gifts to humanity. This is the theological perspective of 'faith.'" Thus, James renarrates reality in a fundamentally theological way. He tells a different story about the way things are, and he challenges his community to inhabit and live within that story, which is the story of God.

Friendship with God and friendship with the world are thus mutually exclusive perspectives. To be a friend of God is to reject the world's way of construing reality and to reject the violence that it necessarily entails. It is to be a person whose essential nature, whose entire character, is oriented toward giving, not only to those who ask but simply "to all." Those who choose to side with "the world," however, are not simply and relativistically inhabiting a different story—they are choosing to be "*enemies* of God."

For to see reality differently means to live in reality differently. Indeed, James reserves his most scathing invective not so much for those who are "friends with the world," but for those who are "double-minded"—those who want to have it both ways.²³

Money, Community, Suffering, and Prayer

This rhetorical framework sets the context for rereading James's more familiar elements. Four in particular are important as we move toward the practice of anointing at the end of the letter. First is James's famous acerbic critique of socioeconomic inequities. Signaled from the very opening of the letter,²⁴ James particularly castigates those who practice economic favoritism *within* the assembly, for what could be worse than finding enmity with God practiced within and by the very community that names itself friend of God?²⁵ The vast disparities between the rich and the poor, and particularly enculturated behaviors toward both, is the primary area in which we see what it means in practice to live as "friends with the world" rather than as "friends with God." For if God is preeminently the one who gives to all unstintingly, then to amass wealth is to display disbelief in God; to amass wealth when others have little or nothing is to position oneself as God's enemy. Indeed, toward the end of the letter he produces his greatest invective for the rich, raining down woes on their heads for defrauding laborers of their wages.²⁶ For acquiring such wealth can only occur within the logic of the world, which requires injustice, and the essence of this injustice is violence and, indeed, "murder."

The lives of those who call themselves friends of God will be characterized by economic sharing.²⁷ For the view of reality that God gives all to all does not exist apart from embodied actions that make the claim true. Thus, in the community that styles itself as a friend of God, radical socioeconomic inequities are no more. The lowly are "raised up," the rich are "humbled." To say that one believes in God but does not live this belief—does not materially care for the needs of one's brothers and sisters—is to prove one's claims to faith to be empty.

The framework of friendship with God versus friendship with the world likewise undergirds a second subtheme, namely, the *ekklesia* as a "community of solidarity." James is often misread, saying that his injunctions are directed toward individuals and that the point of his exhortations is to move individuals toward moral perfection. The author of James, however,

is thoroughgoingly communitarian. From verse 1, James uses plural pronouns and addresses his audience as an "*ekklesia*."²⁸ James, in other words, exhorts the *community* to embody a particular identity; he exhorts the *community* to inhabit and "realize" the truth of the story of God.

Friendship with the world requires us to see ourselves as individuals. The logic of the world, the logic of competition, presumes two diametrically opposed players, locked in a zero-sum game of win-lose. The "other" is a threat to me, a threat of loss, a threat of subjection and oppression, a threat to my very life. To survive requires that I "look out for number one." But a world grounded in a God who gives all to all requires a different anthropology. Fundamental to a theo-logic of giving is a radically inverted and egalitarian mutuality. For all stand before God, equal in need, equal in giftedness. There is no competition for God's grace and providence. James calls his hearers to see themselves not as individuals in competition but as brothers and sisters in Christ, equal members of a community of solidarity created and sustained by God's grace. Certainly James calls each member of the community "to behavior consonant with the community's" professed identity, but he is most interested in creating "a community of solidarity," one that makes "the choice between a life of envy that logically tends toward the elimination of the other in murder and a life based on gift and mercy expressed in service of the other."²⁹

This communitarian nature of friendship with God undergirds the third subtheme, namely, James's oft-misinterpreted references to endurance of suffering and testings. Indeed, the letter opens with this very theme in 1:2-4: "My brothers and sisters, consider it entirely joy whenever you encounter various testings, since you know that the testing of your *faith* produces endurance. And let endurance yield a perfect product, in order that you might be perfect and complete, lacking in nothing" (emphasis mine). Too often this passage is read, like much of the rest of James, as exhorting individual endurance in the face of suffering. Yet again we return to James's context and framework. The testing of the *community's* faith (for again, here, the pronoun is plural) would be the testing of its theological read of reality, its proclamation that God is God and that God gives all to all. Testings, then, are challenges to the community's attempt to live the story of God, to faithfully embody their conviction that God is the truth of reality.

James returns to the theme of suffering as the letter draws to a close. At the outset he counseled "joy." Here, in the face of testings, he counsels them four times in four lines (5:7-11) to "be patient." They will be oppressed;

they will be scorned; the world will try to introduce dissension into the community. Patience in the face of these testings will produce endurance, which brings blessing. But even more, patience is not simply quiet endurance of suffering. It is the embodiment of God's patient and nonviolent way with the world as well as the affirmation of God's ultimate providence.

Last we come to James's remarks that run throughout the letter on the proper and improper uses of speech. Not only does he caution his comrades against becoming teachers and rail against the poisonous nature of the tongue (3:1-12), but throughout he identifies both negative and positive functions of speech. The proscribed modes of speech are many.³⁰ These evidence "friendship with the world," the speaker's attempt to assert the self at the expense of others and of the truth.

The final section of the letter (5:12-20), on the other hand, exhorts the community to a variety of positive modes of speech. "How can the tongue be used not for the destruction of humans," Johnson asks, "but for the building up of a community of solidarity?" These simple uses of speech—plain talk, prayer, confessing, correcting—demonstrate that speech can be not only an instrument of envy, competition, and violence but also one of peace, cooperation, and solidarity.

Such speech is possible, of course, only in light of God's speech or "word." God's relational, indeed, covenantal "word of truth" (1:18) has brought into being this distinctive community, this "first fruits," this community whose identity and behavior differ markedly from the "wisdom" of the world.³¹ And it is prayer—that mode of speech that preeminently affirms James's theological construal of reality—that is essential for helping the community and its members to perceive God's truth. *Lex orandi, lex credendi*. As we pray, so we believe. By enacting a belief, we come to understand it and to truly believe it. Consequently, as Johnson notes, "It is surely not by accident that James' composition begins and ends on the topic of prayer, since prayer is the activity that most fundamentally defines and expresses that construal of reality called 'faith.'"³² It is only by speaking rightly, in other words, that we learn to see.

Rereading Anointing

These five aspects of the Letter of James, then—his overarching exhortation to friendship with God rather than with the world, lived as a community of solidarity shaped by radical socioeconomic egalitarianism, that

consequently bears the enmity of the world peaceably with joy and patience as a way of embodying both confidence in God and God's way in the world and performs faith and solidarity through act and word—provide the context by which to reread the practice of anointing the sick.

The passage that contains reference to anointing (James 5:12–20) is, as mentioned earlier, James's closing exhortation on prayer and positive modes of speech within the community. Anointing, then, is at the same time a physical action practiced upon sick bodies, which is simultaneously a mode of speech. Speech for James, of course, is not simply verbal but performative, expressed in action (see 1:22–25; 2:14–26).

This nexus of touch/speech/prayer singled out in the context of illness returns us to our earlier analysis of illness, vulnerability, and politics. For as much as anointing is a practice for the sick person, it is equally an action about and for the community. Notably, the context of James's exhortation to prayer is specific: the context of sufferings, sickness. Suffering and sickness can powerfully test faith, can powerfully test the truth of the community's theological construal of reality as the story of a present and provident God. As much as illness threatens our modern social order, for very different reasons James likewise understands sickness to pose "a profound threat to the identity and stability of the community."³³

On the one hand, illness threatens the community with social division and alienation. Scriptural passages testify to the social ramifications that attended illness in Jewish culture—ostracism, associations of uncleanness (alienation from their own bodies) and of punishment from God. But this is simply to follow the logic of the world, whose natural reflex for survival is to isolate the sick from the healthy, to give them a lower social status out of fear of loss. Health, here, is a zero-sum game.

With illness, the community finds itself faced with a situation akin to that of economic inequities. The language surrounding the practice of anointing—that the Lord will "raise the sick person up"—echoes James's opening language of "the lowly brother [being] exalted." While James's use of "raise up" must be heard in its New Testament/Gospel context, where it bears equally physical and eschatological meanings (often both at the same time), for James, "raising up" also clearly connotes the overcoming of social distinctions within the community. The "*ekklesia*" is to anoint the sick precisely to counter the social distinctions and alienation introduced into the community by the advent of illness.

As Johnson notes, sickness challenges the community of faith to make a choice:

Will it behave like friends of God or like friends of the world? According to the wisdom from below, the proper result of fierce competition is survival of the fittest. The logic of envy is to claim strength at the expense of others. Envy, we have seen, leads to murder. Does someone fall sick? They are weak, leave them by the wayside. Their elimination leaves more resources for me; having to share my attention and resources with them distracts me and weakens me for my own struggle for supremacy and survival.³⁴

Consequently, James here for the first time uses the term "*ekklesia*," for it is the identity of the community *as* community that sickness threatens. "Will the community rally in support of the weak and show itself to be 'merciful and rich in compassion,' a community based in solidarity, or will it recoil in fear and leave the sick person to progressive alienation?"³⁵

More crucially, the practice of anointing is for James an action *of* the "*ekklesia*."³⁶ With the advent of sickness, the stakes are raised: sickness requires a specifically communal response. Anointing is an action that takes place within the Christian community as the community of faith; it is an action that embodies the communities' claims about its identity as the Body of Christ; it is an action that seeks to reinscribe what it knows as truths on the bodies of the sick. The community faces the test of illness and no longer finds the sick person to be a threat; rather they are reminded that the sick person is a gift, is "entirely joy." In the "wound" of illness—a wound inflicted on both the sick person and the community—the Christian and the "*ekklesia*" find themselves called to continued openness, openness to the continued possibility of wounding rather than embodying the logic of the world, which is to close oneself off, to embody the belief that the world is a closed system. Under the aegis of God, who gives all to all, the sick in their woundedness are no longer seen as alien threats but rather rightly seen as gifts.

Politics and Anthropologies

In anointing the sick, the Christian community faces the threat of vulnerability posed by illness and does not blink. It welcomes into its midst the enemy. Anointing embodies the Christian tradition's refusal to allow suffering, illness, and even death to dissuade it from its faith in God's reality, God's presence, God's goodness, and God's generosity. It embodies

the community's refusal to treat the sick according to a logic not of God. Anointing embodies the cross in the confidence of the Resurrection.

Illness tempts the sick and community alike to live not according to the logic of friendship with God but according to the powerfully attractive logic of friendship with the world. For clearly, the logic of friendship with the world can be traced throughout the multiple woundings outlined earlier. Yet anointing stands against this logic. In its collective action as the Body of Christ, the church via anointing the sick counters the cultural effects of isolation and marginalization; anointing witnesses that sick persons are not something to be hidden away.³⁷ It challenges cultural aversiveness to sick bodies, as well as unattainable cultural norms of bodily perfection, by practicing a witness of touch and blessing. It counters the tendency in the practice of medicine to reduce the patient's voice to a mere matter of consent by both encouraging the patient to summon the church and acting as a surrogate voice of prayer before God (rather than a surrogate voice of choice before the law). And it will counter the construction within medicine of sick persons as, contradictorily, both autonomous individuals and passive recipients of medical ministrations.

By responding to the sick with the practice of anointing, the church affirms that autonomy is not the first and last word; rather, autonomy, control, and their handmaid individualism are hallmarks of what it means to live as friends with the world. With anointing, we discover how deeply we are "members of one another" and how the sick not only are recipients of our care but importantly minister equally to us. They are gifts to the community that enable it to embody God's continued openness in the face of suffering rather than opting for closing, cutting off, and isolating. Those on both sides of the practice of anointing should find themselves liberated from utilitarian frameworks that construe the world as one of limited resources that pit individuals against one another in competition for those scarce resources and that rely on cost-benefit calculations.

No better example of this could be offered than story of the Christian community narrated by Kay Toombs at the end of her chapter. Here we see what it looks like for a Christian community to embody friendship with God vis-à-vis the sick. In doing so, the "*ekklesia*" makes an extraordinary witness to the world. It displays the truth of Christianity, what it means to always see the other as gift—even if the other seems to be a threat to the self or community. It displays trust in God, trust that God is present, and trust that God, who gives all to all, will continue to sustain the sick person as well as the community.

Anointing and the tradition of caring for the sick make possible a decidedly different polity. And it is this polity that enables us to think differently about who we are and what it means to flourish. If nothing else, this analysis calls us to a greater vigilance about the practices of medicine and bioethics. It calls us to question the metaphysical and anthropological claims, the identities and truths they seek to produce in and through the bodies of the sick. It makes clear how deeply subject the sick are to the power of others and how the power exercised through medicine can be deployed either toward the ends of the world—maintaining and fostering the contemporary social order, which too often is one of violence, competition, cost-effectiveness, and profit—or toward the ends of the kingdom of God—a kingdom of nonviolent love, reconciliation, and radical egalitarianism whose ultimate goal is the union of the community as community with God. Especially for those of us in healthcare, it will remind us that real power, the power of God witnessed in the world, is made perfect not through control but through weakness. Will we be with him, he asks, or against him?

NOTES

1. Throughout the chapter I will specify a number of methodological commitments that undergird my argument. Here let me state the first: (1) *The starting point of theological anthropology must be theological*. To start such a venture with an anthropological starting point risks ending up, instead, with anthropological theology, lending credence to Feuerbach's critique. As Catherine LaCugna similarly maintains, "One of the lessons learned from the history of Trinitarian theology is that metaphysical positions must be rooted in and derived from what we know of God as revealed in the economy of salvation. Otherwise, metaphysical claims . . . will appear to be nothing more than projections of human values onto the divine being." Catherine LaCugna, *Freeing Theology* (San Francisco: Harper San Francisco, 1993), 91. In short, the perspective offered here maintains that for a theological anthropology, what we know or affirm about ourselves (anthropology) must be rooted in what we know or affirm about God (theology).

Related to this is a second methodological commitment: (2) *The primary theological starting point for theological anthropology lies in the economy of salvation, that is, the person and work of Jesus Christ*. LaCugna takes to task theological positions that begin philosophically or anthropologically: "In both cases," she notes, "what is usually missing is a firm basis in salvation history—in the person of Jesus Christ—for a particular vision of society" (*Ibid.*, 91), or in our case for particular vision of the human person. Jesus Christ, as the fullness of revelation, stands as the key to interpreting all other modes of revelation and human

knowledge, our window into the character of God. The proper starting point of theological anthropology must be Christologically construed.

2. All scriptural citations are from the Revised Standard Version, except the passages from the Letter of James (see note 18).

3. I will use the word *political* in this chapter in the Aristotelian sense, as relating to the polis and the structured social interactions that are both shaped by and required for the maintenance of such a polis. I prefer the word *political* to *social* insofar as the notions of peace and violence associated with gospel healing have more "political" than "social" connotations.

4. Pierson Parker, "Early Christianity as a Religion of Healing," *St. Luke's Journal of Theology* 19 (March 1976): 146.

5. A fuller portrayal of gospel healing accounts would also display, for example, the interconnections between Jesus' acts of healing and the cross, or between Jesus' acts of healing and Israeli-gentile relations, as well as their interconnections to the Jewish scriptures, and so on. Clearly, such a portrayal is beyond the scope of this chapter.

6. An alternative line of analysis to that rooted in vulnerability might be to describe sick persons as "political" agents—even if they are not the "agents" of healing strictly speaking, and even if their agency is not as visibly "active" as the agency of others. Many of the sick in the Gospels do exercise quite a bit of agency—they seek out healing, they ask Jesus for it (or someone close to them does), they persist against his apparent reluctance. I pursue this line of inquiry elsewhere in trying to explore how we might re-envision the practice of anointing as a sacrament of vocation. Importantly, however, to posit the sick as having agency, that agency must—toward the end of theological anthropology—remain carefully connected to the scriptural witness. To take an affirmation of the political centrality/agency of the sick and read it as simply supporting patient autonomy, for example, would be theologically problematic.

7. Interestingly, one of the main applications of the word *vulnerable* within the Oxford English Dictionary is militaristic metaphors, pointing again to the inextricably "political" dimension of illness.

8. For my own description of the phenomenology of illness, see my "Suffering, Ethics, and the Body of Christ: Anointing as a Strategic Alternative Practice," *Christian Bioethics* 2 (1996): 172–201, or my *Sharing Christ's Passion: A Critique of the Role of Suffering in the Discourse of Biomedical Ethics from the Perspective of the Theological Practice of Anointing of the Sick* (Ph.D. diss., Duke University, 1992). The phenomenology developed there is drawn primarily from three sources: Arthur Kleinman, *The Illness Narratives: Suffering and Healing in the Human Condition* (New York: Basic Books, 1998); Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985); and Susan Wendell, "Toward a Feminist Theory of Disability," *Hypatia* 4 (summer 1989): 104–24. Kleinman distills his insights into patients' experiences from fifteen years' work with more than two thousand chronically ill patients and includes in that text excerpts from narratives of a number of these patients. Scarry develops an account of the "structure" of pain and its political effects drawn primarily

from accounts of persons subject to political torture—the literal inscribing of political ideology onto human bodies to solidify political power. Wendell articulates her firsthand experience of being disabled. Collectively, these three authors, and those whose observations supplement theirs, have listened to accounts of real patients or persons similarly suffering bodily affliction. These three dynamics are by no means exhaustive of the experience of illness and suffering. In light of what we will encounter in the Letter of James later, the additional factor of economic vulnerability—included in Toombs's chapter—would also usefully enhance this account.

9. H. Tristram Engelhardt Jr., *The Foundations of Bioethics* (New York: Oxford University Press, 1986), 256.

10. Kleinman, *Illness Narratives*, 16. Kleinman also poses this as a “dialogue between the voice of medicine and the voice of the life world” (129), although he clearly means that medicine dominates the conversation. See also Engelhardt, *Foundations of Bioethics*, 257.

11. Kleinman, *Illness Narratives*, 52.

12. “If there is a single experience shared by virtually all chronic pain patients it is that at some point those around them—chiefly practitioners, but also at times family members—come to question the authenticity of the patients’ experience of pain.” Ibid., 57; see also 59, 68. Early sufferers of AIDS and chronic fatigue syndrome experienced this denial of their claims, as medicine had not shifted their explanatory framework to include them.

13. Engelhardt, *Foundations of Bioethics*, 279.

14. Reynolds Price, *A Whole New Life: An Illness and a Healing* (New York: Plume 1995), 182–83.

15. Equally, those who reflect on suffering and illness note time and again how illness threatens the very viability of one’s ideas and beliefs about how the world works. It threatens our very perception of reality, our deeply seated grasp of what is true and untrue. Such “truths,” however, ought not to be understood as mentalist, disembodied constructions. Rather, the social construction of the body that illness forces us to acknowledge illuminates how “truths” are in fact embodied entities. What we find in these accounts is confirmation that through the infrastructure of social architecture, institutions, and practices, each body is inscribed by the intersection of cultural discourses of class, race, gender, age, religion, science, politics, and the individual’s personal history; these intersections constitute the “code”—the truths—that provides one’s ongoing identity and by which the body deciphers and negotiates the world. In instances of suffering, this embodied “code” is broken; as Art Frank notes, “In illness, the body finds itself progressively unable to express itself in conventional codes.” Frank, “For a Sociology of the Body: An Analytic Review,” in *The Body: Social Process and Cultural Theory*, ed. Mike Featherstone, Mike Hepworth, and Bryan S. Turner (London: Sage Publications, 1991), 85. As pain and illness grow in intensity or duration, social meanings rooted in our bodies are threatened. Illness, pain, and suffering work through the body to “dis-inscribe” it of its social meanings. They become unloosed. Scarry, *Body in Pain*, argues that the suffering of illness exerts these aversive effects more profoundly than other sorts of crises by dismantling the very substrate of social

meaning, namely, the body, and thereby dismantling what we previously held to be true about the world.

16. "Power" for Foucault is not a negative category; power is simply a necessary aspect of social existence, which functions positively or negatively. Over the past four decades, bioethics has become a corollary discourse allied with medicine in this endeavor. For example, through practices such as advance directives, biomedical ethics locates sick persons under an anthropology of autonomy, most precisely in those situations when autonomy no longer exists. For a further account of this see my "And Power Corrupts . . . : Theology and the Disciplinary Matrix of Bioethics," in *Faith at the Frontiers: A Reader in Religion and Bioethics*, ed. David Guinn (New York: Oxford University Press, 2006).

17. A third methodological commitment behind this argument can be summed up as: (3) *Lex orandi, lex credendi. As we pray, we believe. The way we know the person of Jesus Christ is through the practice of worship.* This commitment comprises three claims, one historical, one scriptural, and one philosophical. Historically, reflections on the person and work of Christ—i.e., Christology—arose as a response to the worship practices of the early church. In other words, what Christians believe theologically has always been first embodied in what they do. More precise articulations of Christian "beliefs" have always derived from reflection on practices. Although they can be separated for intellectual purposes, they cannot be separated practically. Conversely, what we do conveys what we truly believe. Some scholars have actually referred to this a "biblical epistemology." Timothy Polk, in a profound essay on Kierkegaard's surprising and appreciative championing of the Letter of James finds this biblical epistemology throughout the scripture, but particularly in James (which is quite provocative for our purposes here). As he notes,

But appropriation demands [for Kierkegaard] that the words be put into practice; the thought must involve itself in an action. Reality being unrelentingly situational, thoughts and words must get situated in the sorts of real activities that pertain to their subject matter. They must get enacted so that the relevant concepts get exercised and the reader gets capacitated in order to begin to even apprehend the reality of which the words speak. . . . [C]learly it is James' "epistemology," shared by all the biblical writers, that has shaped Kierkegaard's thinking and that he here mirrors with compelling credibility. And that biblical epistemology, never detachable from its ethics, is one in which knowing is always a function of doing, the knowledge of God always a matter of obeying God. For ancient Israel it was axiomatic that one obeyed in order to know God, while disobedience was both the sign that God had been forgotten and the means of the forgetting." (Timothy Polk, "'Heart Enough to Be Confident': Kierkegaard on Reading James," in *The Grammar of the Heart: New Essays in Moral Philosophy and Theology*, ed. Richard H. Bell [San Francisco: Harper and Row, 1988], 212–13).

Crucially, this epistemological approach admits important similarities to those proposed, in slightly different ways, by Aristotle, Foucault, and Wittgenstein. And,

to highlight Polk's point, not only are practices crucial for our ability to know, but they also constitute, of course, an ethic. Thus, in sum, our practices and actions contain, embody, realize, and enact what we truly believe. Conversely, the practices in which we participate shape our beliefs, form us to believe this rather than that. To be sure, even to put it this way is somewhat problematic, insofar as the way I have phrased it suggests that practices and beliefs could be separated. But linguistic difficulties notwithstanding, this will stand as one of the fundamental claims of this chapter. Ergo, the liturgical practices of the church—how we worship—are a crucial epistemological locus for theological anthropology. What we believe about Jesus and God is inextricable from the sacraments.

18. Translations of passages from the Letter of James are taken from Luke Timothy Johnson, *The Letter of James: A New Translation with Introduction and Commentary* (New York: Doubleday/The Anchor Bible, 1995). As will become clear, the following account depends largely on Johnson's analysis, and this for two reasons: for purposes of brevity and 2 because Johnson provides one of the most thorough and compelling analyses I have found.

19. *Ibid.*, 85. Johnson notes, "James' language is particularly shocking since, in Hellenistic moral discourse, vice and true friendship are considered to be polar opposites."

20. *Ibid.*, 288.

21. *Ibid.*, 85.

22. *Ibid.*, 86.

23. James's invective against the double-minded seems particularly directed at the rich and the powerful—those who want to maintain the benefits they derive from "the world," who largely espouse the world's values (control, making money, individual prestige and power) but have, for whatever reason, affiliated themselves with James's community. In light of the position that will be developed further later, Eleanore Stumpf's claim in "Aquinas on the Sufferings of Job" is worth exploring further: "An important part of Job's suffering stems from the fact that, in the face of all the evil that has befallen him, he remains convinced not only of the existence of God but also of his power and sovereignty, and even (or perhaps especially) of his intense interest in Job. But in consequence of his sufferings Job has become uncertain or *double-minded* about the goodness of God, and so his trust in God, which had formerly been the foundation of his life, is undermined in ways that leave Job riven to his roots." Stumpf, "Aquinas on the Sufferings of Job," in *The Evidential Argument from Evil*, ed. Daniel Howard-Snyder (Bloomington: Indiana University Press, 1996), 333 (emphasis mine). James mentions Job as well, and one might suggest that James recognizes in illness the power to render us double-minded insofar as—following the Foucauldian dynamic described earlier—the worldview held by the sick can become dis-inscribed. Illness puts us in a position where the truths we held—in God's presence and beneficence—become harder to hold onto, while the truths of the world—individual competitiveness, violence as a means to my own ends (e.g., in our contemporary context, physician-assisted suicide, human embryonic stem cell research)—begin to seem more plausible and compelling. In this situation, which practices we participate in become that much more important.

24. "Let the lowly brother boast in his exalted position. But let the rich person boast in his humbling, because like a wild flower he will pass away. For the sun rises with its burning heat and dries up the grass, and its flower falls, and the beauty of its appearance is lost. Thus also the rich person will disappear in the midst of his activities." James 1:9-12.

25. "My brothers, do not hold the faith of Jesus Christ our glorious Lord together with acts of favoritism. For if a man with gold rings and splendid clothing enters your assembly, and also a poor man dressed in filthy clothing, and you look favorably on the one wearing the splendid clothing and say to him, 'you sit here in a fine place,' while you also say to the poor person, 'you stand there, or sit below my footrest,' are you not divided within yourselves [back to the double-minded], and have you not become judges with evil designs? Listen, my beloved brothers! Has not God chosen the poor in the world to be rich in faith and heirs of the kingdom which he has promised to those who love him? But you have dishonored the poor person! Is it not the rich who oppress you and are they not the very ones who are dragging you into courts? Are they not the very ones blaspheming the noble name which has been invoked over you?" James 2:1-7.

26. "Come now, you who are saying, 'Today or tomorrow we will go to a certain city and we will spend a year there and will make sales and a profit.' You are people who do not know about tomorrow, what your life will be like. For you are a mist which appears only for a moment and then disappears. Instead, you should say, 'If the Lord wills it, we will both live and do this or that thing.' But now in your pretentiousness you are boasting. Every boast of this sort is evil. Therefore it counts as a sin for the person who understand the proper thing to do and yet does not do it. Come now, you rich people! Weep and wail over the miseries that are coming to you! Your wealth has rotted, and your clothes have become moth-eaten! Your gold and your silver have rusted, and their rust will be testimony against you and will eat your flesh like fire. You have built up a treasure in the last days. Behold! The wages of the laborers who have harvested your fields—the wages of which you have defrauded them—are crying out. And the cries of the reapers have reached the ears of the Lord of Armies. You have lived luxuriously upon the earth, and you have taken your pleasure. You have stuffed your hearts for a day of slaughter. You have condemned, you have murdered the righteous one. Does [God] not oppose you?" James 4:13-5:6). James certainly is not speaking of wealth metaphorically.

27. Intriguingly, James's first elaboration of the infamous disjunction between "faith and works" concerns caring for the needy: "What use is it, my brothers, if someone says he has faith but does not have deeds? Is the faith able to save him? If a brother or sister is going naked and lacking daily food, and if one of you should say to them, 'Go in peace! Be warmed and filled,' but does not give to them what is necessary for the body, what is the use?" James 2:14-15.

28. Johnson, *Letter of James*, 81.

29. *Ibid.*, 82.

30. Including "the self-justifying claim that one is tempted by God (1:13), the flattering speech that reveals partiality toward the rich and shames the poor (2:3-6), the superficial speech of the one claiming to have faith even without deeds (2:18) . . . judging and slandering a brother (4:11), boasting of one's future plans without

regard for God's will (4:13), and grumbling against a brother (5:9)," as well as the taking of oaths. Ibid., 255.

31. Ibid., 341.

32. Ibid., 184.

33. Ibid., 342.

34. Ibid.

35. Ibid., 343.

36. When James turns his attention to the situation of the sick, the community becomes the agent. Throughout this section, he is addressing the community: is anyone *among you* sick? Is any one *among you* ill? But even within this short space, we see a crucial difference in actions. "Is anyone among you suffering? Let *that person* pray. Is anyone feeling good? Let *that person* sing." In verse 13, individuals are exhorted to act within the community. But in the event of sickness, the dynamic shifts: "Is anyone among you sick? Let that person *call the elders of the assembly*, and let *them*, after anointing him with oil in the name of the Lord, *pray over the person*."

Interestingly, "we notice first that James empowers the sick themselves with respect to the community. When they are ill, *they* are to call the elders of the community. James's language has a formal quality: they are to *summon* the elders (5:14). James then enjoins the elders to pray over and anoint the sick person in the name of the Lord. In the elders, the '*ekklesia*' is to respond to the weak member and overcome the alienation and inertia with which sickness threatens the life of the group." Ibid., 342-43.

37. Elsewhere I have outlined how the contemporary rite of anointing of the sick responds specifically to the dynamics of illness outlined earlier. See Lysaught, "Suffering, Ethics, and the Body of Christ," 172-201, and Lysaught, *Sharing Christ's Passion*, chap. 4.